Complete and mail this form, together with application rees, to:  Box IS  Assist	FEE TRANSMITTAL SUE FEE int Commissioner for Patents igton, D.C. 20231	[L <sub>1</sub> (0)
MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE through 4 should be completed where appropriate. All further correspondence including Receipt, the Patent, advance orders and notification of maintenance fees will be mail correspondence address as indicated unless corrected below or directed otherwise specifying a new correspondence address; and/or (b) indicating a separate "FEE maintenance fee notifications.	g the Issue Fee d to the current Block 1, by (a) ADDRESS" for  Certificate of mailing below can only to mailings of the Issue Fee Transmittal. This certifi for any other accompanying papers. Each addition assignment or formal drawing, must have its own  Certificate of Mailing	icate cannot be used nal paper, such as an certificate of mailing.
S WARREN HALL 133 RICHMOND STREET WEST SUITE 301 TORONTO ON M5H 2L7 CANADA	the date indicated below.	ostage for first class
		(Date)
APPLICATION NO.   FILING DATE   TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED 10/06/9
08/789,386 01/28/97 008	LA, A 2736	, 10/06/3
First Named PILDNER, REI	WHART K.	
TLEOF SIZE DISCRIMINATING DUAL ELEMENT VENTION	PIR DETECTOR	<u> </u>
ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH-NO.	APPLN. TYPE SMALL ENTITY FEE DUE	DATE DUE
2 WH-9565US 340-567.000 K	11 UTILITY NO \$1320.00	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear of Inclusion of assignee data is only appropriate when an assignment has been previously the PTO or is being submitted under separate cover. Completion of this form is NOT a filling an assignment.  (A) NAME OF ASSIGNEE DIGITAL SECURITY CONTROLS.	of Patents and Trademarks):  Usual Submitted to substitute for Sub	yable to Commissioner
(B) RESIDENCE: (CITY & STATE OR COUNTRY) 1645 FINT K.  DOWNSVIEW ONTARIO NO 35236 (A.  Please check the appropriate assignee category indicated below (will not be printed on □ individual □ corporation or other private group entity □ government	DEPOSIT ACCOUNT NUMBER OHO  VIADA  VENCIOSE AN EXTRA CORV OF THIS FORM	ould be charged to:
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue		
NOTE; The Issue/Fee will not be accepted from anyone other than the applicant; a register or agent; or the assignee by other party in interest as shown by the records of the Patent a trademark Office.	4	6 0.00 OP
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Tim depending on the needs of the individual case. Any comments on the amount of tim to complete this form should be sent to the Chief Information Officer, Patent and Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Comminication, Washington D.C. 20231	required rademark TO THIS sioner for Control of the	
Jnder the Paperwork Reduction Act of 1995, no persons are required to respond to a of information unless it displays a valid OMB control number.	collection CHECK Refund Total: \$110.0	<b>)</b> 0